



## TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

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Attorney Docket No.	7466-2301
First named inventor	Hubert Köster
Express mail label #	EM468592435US
Date of mailing	April 27, 1998

Application Elements		Accompanying Application Papers		
1. [X] Fee Tra	nsmittal Form	6. [] Assignment papers		
	[X] Specification No. Pages 78 (including Abstract)  7. [] Statement of status as small entity			
a. Title:	SOLUTION PHASE BIOPOLYMER SYNTHESIS	8. [X	() Return Receipt Postcard	
b. Numbe	r of claims: 49			
3. [] No. she	eets of drawings $\underline{0}$ with $\underline{0}$ Figs.			
4. [X] Unexecuted Declaration listing names of joint inventors				
5. [] Sequence	e Listing			
[] Paper co	oy (identical to computer copy)			
[] Compute	r readable copy			
[] Verified s	statement			
·		SIGNATURE OF ATTORNEY/AGENT		
		BRO	WN MARTIN HALLER & McCLAIN	
			hanie Seidman stration Number: 33,779	
	g application: N/A on [] Divisional [] continuation-in-p	art of	prior U.S. application Serial No.	
	CORRESPONDENCE	ADD	PRESS	
NAME Stephanie Seidman Registration No. 33,779 Brown, Martin, Haller & McClain				
Address	1660 Union Street, San Diego, California 92101			
	Telephone: 619/238-0999	Facsimile: 619/238-0062		

## FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53 Attorney Docket No. 7466-2301 First named inventor Hubert Köster Express mail label # EM468592435US Date of mailing April 27, 1998

## FEE CALCULATION FOR CLAIMS AS FILED

a)	Basic Fee	\$ <u>790.00</u>
b)	Independent Claims $3 - 3 = 0 \times $82.00$	\$
c)	Total Claims $\frac{49}{49} - 20 = \frac{29}{29} \times $22.00$	\$ 638.00
d)	Fee for Multiple Dependent Claims - \$260.00	\$ 0.00
	TOTAL FILING FEE	\$ 1428.00

[X] Statement(s) of Status as Small Entity
 reducing Filing Fee by one-half to
 (to be submitted under separate cover)

\$714.00

- [X] A check in the amount of  $\frac{714.00}{100}$  to cover the fee for filing the application.
- [] Charge \$\_\_\_ to Deposit Account No. 02-4070.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 02-4070. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-4070 during the entire pendency of this application. This sheet is filed in duplicate.

	CORRESPONDENCE A	ADDRESS		
NAME	Stephanie Seidman Registration No. 33,779 Brown, Martin, Haller & McCla	in		
Address	1660 Union Street, San Diego, California 92101			
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Submitted by:						
Typed or printed name	Stephanie Seidman			Reg. Number	33,779	
Signature	FA		Date	04/27/98	Deposit Account	02-4070